Interview with Dr. G. Gary Kirchner, medical officer aboard USS *Forrestal* (CVA-59) during the Vietnam War. Present during the fire of 29 July 1967. Conducted by Jan K. Herman, Historian of the Navy Medical Department, 26 July 2005.

Aren't you originally from Lancaster?
Yes.

Did you go to school there?
I did. grade school--Lancaster Catholic High, 1951; Franklin and Marshall College, 1955; Hahnemann University, 1959; Mayo Clinic, 1960-1965; internship--Lancaster, 1959-1960.

How did you end up in the Navy?
It was one of the best things that ever happened to me and it was totally serendipitous. I am in Lancaster and have just returned from Rochester. I've set up a practice. I am there not many months and get a draft notice. It's sort of surprising. I go up and, obviously, since I'm warm and able to walk, I pass the physical and am told I will be drafted. And that certainly was startling news. I come home. My father had just died. I elected not to pull any political machinations. I'm sure had my father still been alive, being that he was a public person, we would have pulled some political strings. But I would probably have thought twice about that.

At any rate, very shortly I get this letter that says, "You have been assigned to the Navy." I thought that was fine. I was to report to Philadelphia, blah, blah, blah. So I did, in fact, do that. Since I knew Philadelphia pretty well, that was a piece of cake.

That was the Naval Hospital?
No. As a matter of fact, it was downtown--Center City. I forget what the facility was but they had a small facility and that's where I was sworn in as an ensign. So I come back. My father had some fairly influential friends, some of whom were in the Navy. I called one of them and told him the deal. He said, "The thing you need to do is to go to BUMED and talk to your detailer to see if you can find out what your assignment's going to be."

And so I went to BUMED in Washington, met a nice guy, and he said, "Well, look. I'll tell you. If you just accept this quietly and there's not going to be senators involved and all that political stuff, I will let you choose where you want to go, and if it's available, I'll give it to you. You're gonna spend 1 year at sea and 1 year on the beach. Now, where do you want to be on the beach?"

I said, "Philadelphia because I commute." By now, we had three small children and we were not going to move out of Lancaster. I was going to commute.

So he said, "Done! Naval Hospital USNH Number 5 in Philadelphia."

I said, "Good."

He said, "Now, how about at sea?"

I said, "Well, I know nothing about being out at sea."

He said, "Well, what you want to do is to take a carrier in the 6th Fleet going to the Mediterranean."

I said, "That certainly sounds appealing."

He said, "Done! USS *Forrestal*, which is right now in the yard on the East Coast.

I said, "Good."

I had lunch and left Washington and went home. I got orders to report to the Naval Hospital, met a delightful, CAPT [Donald] Custis, who was the chief of surgery. He incorporated me into the surgical staff and things went along well. The only thing that seemed to be different was that instead of wearing a scrub suit that said, "Mayo Clinic," I now wore one that said, "USNH No. 5." And the guy in the parking lot saluted me when I drove in. Other than that, it didn't seem much different.

So, I get the orders, "Report on board USS *Forrestal*, Portsmouth Naval Shipyard, such and such a date." And so I head for Norfolk and report on board. And I'm commuting to Norfolk, believe it or not.

From Lancaster?

From Lancaster, yes.

That's a heck of a commute.

It's a helluva commute. I began to know every part of the Chesapeake Bay Bridge-Tunnel. At any rate, I'm now one of the few souls who is actually living on the ship. One evening, while this motley group is together eating in the ward room, the subject came up and I said, "When are we going to the Mediterranean?" It's one of those comments that you make at dinner. And suddenly everything gets very quiet. And you know you've just said something that probably is not quite right.

The one guy sitting close to me said, "Look, Doc, we're not going to the Mediterranean."

I said, "Oh! Where are we going?"

He said, "WestPac."

I said, "What is WestPac?"

He said, "Have you ever heard of Vietnam?"

I said, "Ah, yes. So that's WestPac."

He said, "Yes. That's where we're going."

"Wonderful," say I. Nothing better than to give up Majorca for Subic Bay.

The next thing that happens is that I'm on board ship and CAPT [John] Beling, a prince, asks if I could I could come visit with him in his at sea cabin. I think we were out of the yard and probably have done one of the shakedowns.

So I go up and he says, "Well, I need to tell you that it was necessary for me to relieve the medical officer for a problem he had. And that left you as the medical officer. I have your service file here and it is extremely thin."

I said, "Well, it represents an extremely short period of time."

He said, "You know we're next heading for Guantanamo for predeployment training."

I said that I understood the words but I didn't know what it entailed but here I was.

He said, "You're going to be the CO of H Division and it's going to be your job to get these people through the course and get a passing grade. Do you think you can do it?"

I said, "CAPT Beling, I have no idea but I sure will give it a try."

He said, "Whatever you need or whoever might get in your road, all you've gotta do is come up and tell me."

I said, "Okay. I will do this."

We shipped out for Guantanamo and as soon as I got there I went ashore to see the officer in charge of the medical division inspection and training. There was a whole group of officers who were involved in the refresher training from firefighting to ordnance, etc., etc. But one guy,

a commander, was assigned the job of H Division. I went to see him and told him the circumstances, and that I needed all the help that he could possibly give and that all he had to do is to tell me what to do and I was going to do it.

We had a very pleasant chat. I said, "The weather here is just gorgeous."

He said, "Yes, it is. Every day the winds blow and the temperature's in the '80s. The sun shines and we pray for a thunderstorm."

And I immediately liked the guy, worked with him for the 8 or 12 weeks we were there. H Division passed. We were not in the honors program but we did, in fact, pass. The ship then returned to Norfolk and got itself prepped.

We sailed and I distinctly remember standing with one of the flight surgeons on one of the sponsons and he saying to me, "Well, it's Tuesday. Here goes a whole yearful of Tuesdays." And that was a very prophetic statement.

I will stop now and give you your turn.

Well, that was eloquent. I totally enjoyed that. If I had asked any questions there, I would have messed up your cadence.

Well, I have given this talk. I think I told you that I've given the 11-11-11 recitation this past November. I've given it to oh, maybe five or six service clubs so it works easily for me, even though it was, would you believe, 1967. That's a long time ago.

So you sailed to WestPac. Was it an uneventful cruise?

It was a fun cruise. First of all, we were in the Atlantic and we headed down to the South Atlantic. And, lo and behold, we cross the Equator. Now the ship company at this time with the air group on board probably numbered about 5,300 people. Of that 5,300 people, only roughly 800 of them had crossed the Equator and were certified Shell backs. The rest, including the Captain, were Polliwogs.

Which meant there were some festivities in order.

There was a whole freakin' day of festivities. And the Captain said to me, "What do you want to do?"

I said, "I want H Division to run through the whole thing first because I want us to get back in some kind of work uniform so that if there's any little casualties, we're prepared to handle them.

Now, I want you to picture a board-certified, Mayo Clinic trained surgeon in a scrub suit on the deck of the USS *Forrestal* with his face smack in the middle of the giant, grease-covered belly of some sailor getting my face absolutely smeared in grease and pledging fidelity to King Neptune. Then running between a bunch of sailors equipped with sections of fire house as swat and fire hoses as spraying. Then crawling through a recently constructed tunnel filled with garbage. Mercifully, there was no vomitus to speak of yet because we were first. Emerging out of the end of this tunnel, being lifted into and dunked into a big old vat they had made on the deck filled with seawater, green dye marker, being held underwater and being pronounced a Shellback. And that process for 5,300 people, less 800, went on for the whole damn day. I couldn't see how a capital ship of the line was sitting there just making headway and conducting this ritualistic business. I still have my Shellback certificate and my card.

Well, that's Navy tradition.

Yes. And the captain went through this, also. I didn't get to see that happening.

We then picked up and went to Rio, which is just a gorgeous port with Sugarloaf on one side and Corcovado surrounding Guanabara Bay. Beautiful Corcovado with that magnificent statue of Christ the Redeemer.

We stayed there a couple of days, did a reception, and basically, everybody had a pretty good time. They collected a fair amount of infection out of Rio and brought it back to the ship. They reported for sick call.

Then we sailed around and came up into Subic Bay, Philippines, stayed for a couple of days, and then left there for Yankee Station in the Gulf of Tonkin.

Could you describe the sick bay on *Forrestal*?

It was big. It was on the second deck in the mid-portion of the ship. It consisted of offices, pharmacy, various examining rooms, laboratory, an emergency room-like facility that was really where sick call was held. Two very large open wards probably capable of about 50 people in each ward. There was a small isolation ward off the one side. There was a single operating room that was marginally equipped. It had a very bad deal. The bad deal is that while there was an anesthesia machine looking like it came out of the Second World War, there was no one to give anesthesia. So it was a contradiction in terms and I'm not going to get into that because I chose not to get into it while I was there. I didn't think it was my business to reform the Navy and especially to reform the worthiness of the operating room facilities aboard. It's one of those things where the list says: anesthesia machine-check, operating room-check, but it bypassed important parts of the whole thing.

What did you have for an H Division crew?

Sixty-five or so. An admin officer, two chiefs, a bunch of first classes, some second classes, and some strikers. And all with different levels of knowledge and expertise. I would say just run-of-the-mill and, as I got older, I would better understand. Some of them had the classic EMT personality.

Were you still the senior medical officer at this time?

Oh. At this point, we had taken on a meek, little general practitioner and he was the medical officer. He spent most of his time doing things out of our sight. I and two flight surgeons pretty much ran the deal.

So there were four physicians altogether--you, the new senior medical officer, and two flight surgeons.

Correct.

But since he was absenting himself from most of the activity, you and the others took the load.

Absolutely.

When you arrived on Yankee Station, did you get up on deck at all to see what was going on or did you just go through your daily routine and not really notice that you were anywhere different?

No. No. I, first of all by genetics, wish to know what's going on and how things work, and where they work, and all that sort of stuff. So, no. I became as heavily involved as I could be in other activities on the ship other than doing my job. And obviously the time at Guantanamo enabled me to meet up with division heads on the ship and find out their jobs. I tried to involve myself in the activities of the ship. The answer to your question is yes. I spent a fair amount of time on deck. We ran a routine and it allowed all of us to have time for other stuff, so to speak.

What was a typical day like for you as the medical officer?

I'm a very early riser. I would be up around 5. I would mess around with some paperwork. Then, usually one of the dental officers and the flight surgeons would all go have breakfast. We'd come back and have sick call. Sick call would vary considerably. If it were during a port period, it was pretty heavy, maybe 30 or 40 guys. If it was routine at sea, it was not all that many. You had the usual minor type of injuries and the usual requests for light duty chits and stuff like that. It wasn't complicated. If there was something minor surgically that was to be done, I would do it at that time, right after sick call. But let me tell you. I limited the activity to that which was absolutely local anesthesia and nothing beyond that. I wasn't going to take out somebody's gall bladder at sea. The surgery was minor. The biggest request was, could I remove the girlfriend's name from the tattoo?

You weren't at Yankee Station very long before the big accident occurred. Wasn't it the first or second day of flight operations when it happened?

Yes. The second day. The second day was startling. And the routine I just described to you pretty much is what saved me personally because I was not up on deck. I was down in the sick bay, not watching air operations which were conflicting with sick call. So I was down where I belonged.

And treating, as I recall, treating a patient with a hand injury.

I had a sailor who had been brought over from one of the destroyers with a busted hand. And that's exactly what I was doing. I was infiltrating the fracture site with Xylocaine in preparation to reducing the fracture.

Very early on, I found that it was best to bring the patient to me rather than me going to the patient because I going to the patient involved helicopters or high-lines, and I did that once. And I thought that that was enough for a career. So I had them bring the patients to us.

So you were doing this procedure and you felt something.

What you felt and what you heard was, of course, the 1MC announcement of "Fire on the flight deck." This just kept escalating from fire on the flight deck to general quarters to finally, as I subsequently would learn, were these 1000-pound bombs going off on the deck. And that's a pretty significant whack when that happens.

Could you feel the explosions below?

Oh, you betcha you could feel it. And the lights blinked and all the trash in the overhead came down and the ship rocked. It was a pretty thunderous noise. The flight deck was behind sick bay. I told you that we were below hangar deck level and forward of that part of the flight

deck that was being blown apart. But it's not like we were a half mile away. We were very, very close. As close as I ever want to be to a 1000-pound bomb.

And it wasn't very long before you started seeing the results of all that--the arrival of some very, very badly injured sailors.

Almost immediately.

Were you able to muster the rest of your physicians or were they already there?

They were already there. They were doing sick call; I was doing what I was doing. There was no problem. The gentleman who was the medical officer came up to me in the middle of all this and said, "Well, Gary, you understand all this; I don't. If you need any help, I'll be in my cabin.

Oh, no. That must have been encouraging.

Well, I figured, what the hell. It's better that somebody admits that they don't know than they try to fake it. And by him standing down and standing away, nobody questioned what I was doing.

You now were in charge again and taking the responsibility of being the senior medical officer. What kinds of patients were you now confronted with?

Well, we were confronted with a whole raft of people. It's a classic mass casualty deal. Obviously, I've had no training in that. I understand in a limited sort of way what triage is. But it's not all that hard. You make rapid assessments of each individual and put them in a category. I had basically three categories of triage. And of the people I thought that there was no chance of survival, I had them put over in a special area in the sick bay. Those who had minor injuries, I let the corpsmen work on them. And those who were in need of skilled medical or surgical care, I put in the other category. I knew very, very well that there would be no chance in hell that I was going to be able to handle this group of people definitively. My bias was to quickly stabilize and equally quickly get them off the ship to a facility that could handle them.

The complication to that plan was that all hell was breaking loose topside.

But the nice part about it is that forward of the island was available to take helicopters. The Jolly Green Giants out of Danang came out to the ship. I took a casualty who I wanted evacuated, put them with four litter-bearers, one corpsman, hopefully an IV in place, hopefully some morphine in place, and the assignment was to take this man up the ladder onto the hangar deck over to the aircraft elevator, up to the flight deck, load him onto the chopper, and off they go to wherever the chopper decides to go, whether it was to the hospital ship, Danang, or whether it was one of the other carriers that were operating in the area.

You were seeing the ultimate range of injuries. What was most prevalent?

It's hard to know--burns, shrapnel wounds. Some pretty dramatic orthopedic injuries like loss of limbs.

As far as getting them stabilized, did you have enough equipment and supplies on hand?

Yes. That was never a problem. We had enough IV setups. We had more than enough morphine. We had no shortage of supplies. That part was easy.

Did you feel at any point during that initial stage that you were outgunned. In other words, you had so many patients, that you figured you needed some more help?

Well, certainly, the help comes in airlifting them off the ship. That's the help. To get them off the ship to a facility that could care for them.

There was an incident from the book where an old classmate or colleague of yours came over from the *Bon Homme Richard*. Tell me about that.

Well, he basically said, "Hey Gary, what can I do for you? It sure looks like a helluva mess here."

I said, "Yes. It's time to get off here. Get back to your ship and let me send you patients. And if you've got a spare chopper that can transport, send it over." At that time, I had no good estimate of how many people I had. I just seemed to have a helluva lot. Subsequently, I decided that with all categories lumped together, I probably had 300 people who suffered injuries of varying degrees of severity.

While you're caring for these folks, could you still hear bombs going off on the flight deck?

They all went off almost sequentially. I don't know how many minutes they were going off. It's one of those things where your judgment of time is poor. No. You knew there was all kinds of firefighting stuff going on because people were running up and down the passageways. They were rolling barrels of fog foam. There was just a lot of frenetic activity going on. You were aware that there was something big going on. You'd have had to have been dumb and blind not to have figured that out.

In the middle of this, Mr. Rowland required a little upper to keep him going.

He was one of the characters. I loved him. Yes. He needed a little help because we were stretching this evolution out past 24 hours. And some people like him were physically working like crazy. He was covering distances over that ship and I was not. I visited a couple of our first aid stations but I wasn't covering distances like he was.

What did you prescribe for him?

I think I probably gave him some amphetamines. We had a lot of amphetamines and I, as the medical officer, was also in charge of the alcohol supply. And that's as far as I'm gonna say about that.

While all this was happening and you're on duty, did you have any contact with CAPT Beling?

One time he asked if there was anything I needed and what were my plans. My answer to the first question was, no, and my plans were to evacuate the seriously injured. By then, he was up to his ears in stuff.

There was another incident where one of the sailors came to sick bay wearing a life jacket. That got you pretty upset.

Well, they passed the word, prepare to abandon ship. They passed that on the idea that the temperatures in the aft magazine were rising. If they rose to a critical level, the whole damn thing might blow up. In retrospect, the whole damn thing is ridiculous because if they rose to that level, and, in fact, exceeded that level, and the magazine did blow, there would be nothing left of anybody on that ship or any part of that ship. There would be a gigantic hole in the ocean. We carried incredible amounts of munitions, including, I was led to believe, nuclear weapons. So the whole idea of abandoning ship was ridiculous. Part of that drill is that you secure your life vests and put them on. I said to the corpsman, "No. Put your life jacket where you can find it but don't put it on. If a sailor who has a significant injury sees you in a life vest, he's gonna figure it out and that's not a good idea." So I told them not to wear their life vests. I never even found mine and never went to look for it. I had other things on my mind. The only thing I thought of was, "We're in tropical waters. If we abandon ship, the water's warm." This is crazy thinking, but you do crazy thinking under circumstances like that.

With so many very badly injured patients, did you find that administering morphine was . . . Did the morphine do the job? I can imagine the pain some of these men must have been suffering.

I didn't pay much attention to doses. We had syrettes. And each syrette contained a quarter grain of morphine. And I had no hesitation giving morphine until the desired effect was achieved. It had been my game plan that if we were going to leave anybody behind, we would leave them behind really snowed with morphine. We had lots of morphine.

You had tremendous numbers of burn victims.

Most of them were already dead. They were incinerated. They were trapped and incinerated. It wasn't like they suffered 30 percent body burns and first, second, and third degree. These were people who were dead of massive burns. That's what killed the majority of the people.

How long did this evolution go on with you down in sick bay working on patients? Do you recall when you finally . . . I can't even use the word secured; it's not the right word. I'm not sure there is a right word.

I came up on deck to look about . . . I don't know. I don't even recall what time this whole thing started. But let's say it was at least 10 hours after it began. I came up on deck just to look.

What did you see?

I saw guys pouring seawater down giant holes in the flight deck with steam and smoke rising out of them. I saw sailors pushing stuff over the side. It's a conflict. Did you really see it or are you seeing movies? Did you really see it or are you seeing photographs? Did you really see it or did somebody tell you about it? I can't tell you yes or no. I have two pictures I made myself and one is four sailors without shirts on with fire hoses draped across their shoulders looking like hell pouring water down one of these bomb holes. No, I can't tell you what I saw, what I heard, etc. When we pulled back into Subic Bay, we had run at the tail end of a tropical typhoon. When we pulled into the wharf, we still had fires burning and there was some question as to whether they would let us come alongside the wharf because of these fires.

Did the ship look to you like it had been fatally stricken?

When I finally got off onto the wharf and looked at the ship, there was no question in my mind that the aft third was destroyed. You didn't have to be an engineer; you could just look at it. The forward two-thirds, not bad, but the aft one-third, just destroyed.

As a physician, what was left for you to do?

Absolutely nothing. I never even tried to make any kind of records whatsoever. You couldn't make records. There were no records you could make. We had just been through the mill but we were not recording. We sure were not dictating. I had patched a couple of people up in the operating room but I wasn't dictating notes or anything like that. This was field work. Once we were tied up, that was it. We then started to have routine sick call.

In sick bay?

Yes.

It must have seemed odd.

Yes. And most of the people who had anything serious, I sent them off the ship to the shore medical facility. Why would I want to fiddle around with them on board a severely damaged ship. Then, much to my chagrin, they elected to sail the thing back to the East Coast--35 days at sea.

So you rode the ship back.

Unfortunately, I did.

It must have been a very sad passage.

It was awful because, first of all, we were sitting ducks. I can't imagine anybody would have tried to take a hit at us but we couldn't do anything about it if they had. But worse than that, if I got anybody really sick, I couldn't get them off the ship. And as I said awhile ago, I had no anesthesia. A ruptured spleen is not something you want to do under a spinal anesthetic administered by a flight surgeon.

So you were in constant fear that you might have something you couldn't handle on the way back.

You bet. And only a fool was too dumb to be scared. It worried the living hell out of me for 35 days. A large portion of that travel was out of range, sight, etc., etc.

Did you stop at Pearl on the way back?

Nope. It was a straight shot all the way back. We were too big to go through the [Panama] Canal so we had to go around.

What was the homecoming like?

I was so damn glad to get back home, it wasn't even funny. My wife and the kids came down with friends of ours. I stayed there a short time and then I called in a congressional hit and said, "It is ridiculous for me to be stationed aboard this wounded ship. Get me back to Philadelphia."

Who was it you called?

I don't recall. It could have been Senator [Hugh] Scott. This was the first time I had ever done this. I realized everybody was all bummed out about this whole thing. That was a problem. I wasn't a part of that problem. I wanted the hell off of there and out of there because I was doing nothing under bad circumstances.

Where did you go from there?

Back to Philadelphia. I completed my tour at Philadelphia. By now, CAPT Custis was the CO of the hospital. There was a new guy who was chief of surgery. I just cruised my way out through it. I would be intellectually dishonest if I said anything different. My interest then had focused on completing my tour and I was hell-bent on serving the entire time.

So, because of the draft, it was a 2-year obligation.

Exactly. I spent the rest of my time at Philadelphia.

When did you leave the Navy?

April of 1968. In in '66, out in '68.

Did you go into practice after that?

Yes. I made certain decisions, one of which was that I would not be a solo practitioner. I would form a surgical group, which I did. The other thing is that the publicity and notoriety from the accident assured me of not in any way being impinged upon by the competition. The competition was smart enough not to attack an authentic war hero who had had extensive publicity. So it eased my way into practice.

What was the practice you went into?

General surgery.

Was that in Lancaster?

Sure was.

How many years were you in that practice?

Thirty-eight.

You have a new job. What's your title?

I am the coroner of Lancaster Country. I am an elected county public official.

Well, it's been over 35 years since that incident aboard *Forrestal* took place. Do you ever think about it much anymore?

No. I can recall it if I'm asked to recall it but as to it popping up unannounced, uncalled for, no. I went past that.

So, you're lucky you don't have some of the classic symptoms other people are dealing with after so many years. You've been blessed with not having to deal with that.

Right. There's no post-traumatic stress syndrome that I have ever suffered. And don't intend to.

I want to thank you for spending time with me this morning. It's a miracle I found you. You are a difficult guy to get hold of.

That's true. If you die, you get hold of me pretty fast. But the living have a little trouble.

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